

**WHISTLEBLOWER COMPLAINT REPORT**

ADM-105 (REV 03/06)

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**INSTRUCTIONS:** The Bureau of State Audits accepts and investigates allegations of improper governmental activities by state employees and state departments in the executive branch of state government.

We do not have investigative jurisdiction over employees in the legislative or judicial branches of state government. Nor do we have investigative jurisdiction over local or federal agencies or departments or over private entities such as corporations, companies, or individuals.

We do not undertake formal investigations without having a basis for believing there is merit to the complaint in order to protect the identity and reputation of individuals incorrectly accused of committing improper governmental activities.

Because we do not undertake formal investigations without adequate cause, we need evidence to corroborate the allegation(s) such as documents, witnesses, and other specific and relevant information. We need copies of all evidence you have that convinces you that an improper governmental activity has occurred. We will not begin an investigation based solely on a letter or phone call.

Investigating improper governmental activities is more difficult if complaints are filed anonymously because of the difficulty of obtaining evidence to corroborate the alleged improper activity before we begin a formal investigation. If you choose to file your complaint anonymously, be sure to provide specific and relevant information including the first and last names of any individuals mentioned, their contact information, and the location address at which the improper activity is occurring.

When describing the improper activities about which you are complaining, please provide the following information for *each* of your allegations and number each allegation. Use additional pages if necessary.

- Who?** Who is involved? If there are businesses involved, what are the names of the businesses, who owns them, and where are they located? Who else knows about the improper activities? Who can and would confirm that they occurred? How can we reach these witnesses?
- What?** What specifically did the suspect do? What is wrong with it? Are there laws or regulations that govern what the suspect did? What kinds of documents would provide evidence of the improper activities? Where are the documents located? Who controls them?
- Where?** Which department, which division, which location (address, city)?
- When?** When did the improper activity occur? Is it ongoing? How frequently has it occurred?
- Why?** What are the suspect(s) motives? For example, how does the suspect benefit? If others benefit from the activities, who are they and how do they benefit?
- How?** How was the suspect able to pull it off? Was there a lack of controls? A circumvention of controls? Collusion with other individuals?

Please enclose completed form in an envelope marked "Confidential" and mail to:

California Bureau of State Audits  
555 Capitol Mall, Suite 300  
Sacramento, CA 95814  
Attention: Investigations

**By law we must conduct our investigations confidentially, therefore your name(s) will never be revealed to the subject department without your written permission, .**

### COMPLAINANT(S) INFORMATION

NAME		POSITION	
EMPLOYER/DEPARTMENT	EMPLOYER/DEPARTMENT ADDRESS		WORK PHONE
HOME ADDRESS			HOME PHONE
NAME		POSITION	
EMPLOYER/DEPARTMENT	EMPLOYER/DEPARTMENT ADDRESS		WORK PHONE
HOME ADDRESS			HOME PHONE
NAME		POSITION	
EMPLOYER/DEPARTMENT	EMPLOYER/DEPARTMENT ADDRESS		WORK PHONE
HOME ADDRESS			HOME PHONE

### SUSPECT(S) INFORMATION

NAME		POSITION	
DEPARTMENT	DIVISION	DEPARTMENT ADDRESS	WORK PHONE
HOME ADDRESS			HOME PHONE
NAME		POSITION	
DEPARTMENT	DIVISION	DEPARTMENT ADDRESS	WORK PHONE
HOME ADDRESS			HOME PHONE
NAME		POSITION	
DEPARTMENT	DIVISION	DEPARTMENT ADDRESS	WORK PHONE
HOME ADDRESS			HOME PHONE

### WITNESS(ES) Please provide witnesses that can confirm your allegations

NAME	TITLE	WORK PHONE
DEPARTMENT	ALLEGATION NUMBER(S)	HOME PHONE
NAME	TITLE	WORK PHONE
DEPARTMENT	ALLEGATION NUMBER(S)	HOME PHONE
NAME	TITLE	WORK PHONE
DEPARTMENT	ALLEGATION NUMBER(S)	HOME PHONE

**COMPLAINT**

Briefly describe the improper activity(ies) and how you know about them. *Specify who, what, when, where and how.* Number the allegations, use additional paper if necessary.

**EVIDENCE**

Please provide copies of all available evidence. Because we do not undertake formal investigations without adequate cause, we need evidence to corroborate the allegation(s) such as documents, witnesses, and other specific and relevant information.

**SIGNATURE ( Read the following before signing below)**

Your complaint will be processed under California Government Code 8547, the California Whistleblower Protection Act. However, it is not possible for this office to act as an advocate for individuals in their disputes with state departments or employees. In addition, by law we must conduct our investigations confidentially. As a result of the law, we cannot keep you informed about the progress or results of our review. However, twice a year we publish reports of investigations that have substantiated improper activities. These reports are available on our Web site [www.bsa.ca.gov](http://www.bsa.ca.gov), or by calling (916) 445-0255. If you have any questions regarding the complaint handling process, call (800) 952-5665.

SIGNATURE

DATE